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ABSTRACT

The study identified programs serving the needs of migrant families and problems in improving services to more adequately address these needs. Exemplary programs were identified which were currently serving migrants through child care, health, education, and outreach services. The study included a literature review, a survey of 90 training programs, and mail and personal interviews with 800 migrant families and agencies in 12 states. The 12 states included major home base and user states, regions covering all 3 migrant streams, states with both large and small numbers of migrants, areas with long-established migrant populations and those with recent migrant activity, and states with major "settled-out" areas. Findings included: summer programs were the most effective Title I Migrant Education projects due to the lack of other programs during the growing season; the Food Stamps program was the only social services program significantly utilized by migrants; and migrant's access to social services was restricted by their own unfamiliarity with programs in each locale, community attitudes, and lack of transportation. Recommendations concerned the need for recognition of the migrant's special needs interfaced with Federal, state, and local program responsibilities and considered the complexity of social services provider systems, the need for coordination among them, and the structural alterations necessary for both short- and long-term change to enable migrant families to achieve full and self-sufficient citizenship. (NQ)

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MIGRANT CHILD WELFARE

Executive Summary

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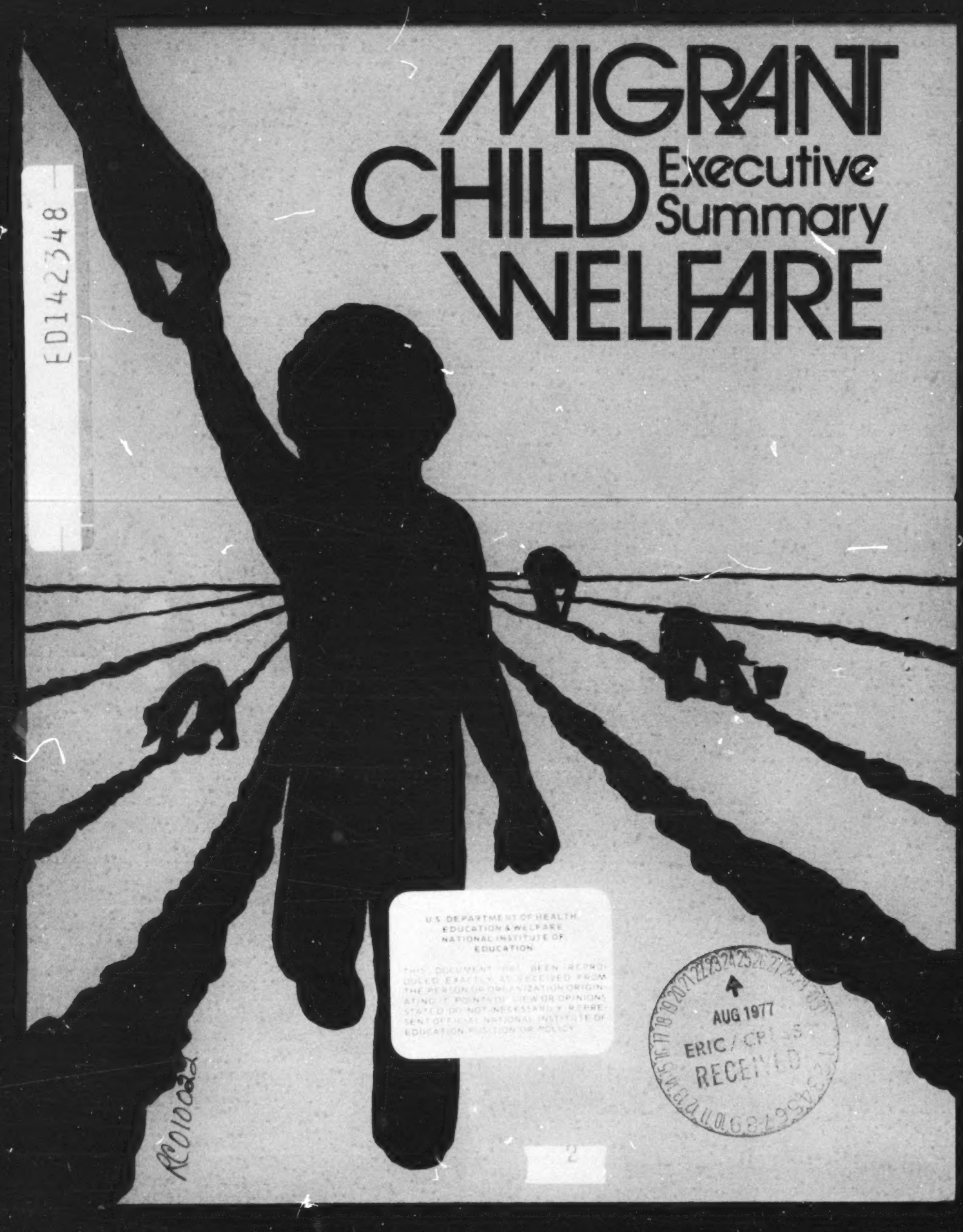

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MIGRANT CHILD WELFARE:

A State Of The Field Study Of Child Welfare Services For Migrant Children And Their Families Who Are In-Stream, Home Based, Or Settled-Out

EXECUTIVE SUMMARY

by

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FOREWORD

The two volumes comprising the Final Report of the State-of-the-Field Study of Child Welfare Services for Migrant Children and Their Families, entitled Migrant Child Welfare and Migrant Child Welfare: Executive Summary, present the findings and recommendations of this study.

The Migrant Child Welfare study was conducted for the National Center for Child Advocacy of the Children's Bureau, U.S. Office of Child Development, HEW, by InterAmerica Research Associates. It identifies and presents programs serving the needs of migrant families and problems in improving services to more adequately address these needs. The study found a critical shortage of data available on social services to migrants, and concluded as well that social services are seldom provided to migrant families to the same extent as they are to other populations. Child care and health services were more widely available but still met only a fraction of the need.

The study included a review of the literature, a survey of programs to train farmworkers in services to migrants, interviews with approximately 800 migrant families, and agency interviews in twelve states. Exemplary programs were identified which are currently serving migrant children and their families through child care, health, education and outreach services. The study highlighted as well a need for increased local-level coordination of services to the migrant population.

Migrants are denied a guaranteed minimum wage and the right to bargain collectively. They are often underpaid for work actually performed. They must migrate thousands of miles annually, often lacking food and even basic shelter. Recreation, support, and community involvement, which other Americans take for granted, are not available to these members of our society.

The Office of Child Development would like to express its thanks to the many families and agencies who cooperated in this study. We hope that through the study itself and through the use of this final report, its revelations will be helpful in obtaining improved services for migrant children and their families throughout the nation. The Children's Bureau acknowledges the commitment shown in the performance of this project by InterAmerica Research Associates, and wishes to indicate its own commitment to the pursuit of improved services for migrant farmworker families.

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Helen V. Howerton, Chief of the National Center for Child Advocacy, Children's Bureau, OCD; E. Dollie Wolverton, Project Officer, NCCA; Hank Aguirre and Casimer Wichlacz of the Indian and Migrant Programs Division, OCD; other members of the Technical Review Panel for this study; the Regional Representatives of the National Center for Child Advocacy, Children's Bureau; and others in OCD and the federal government who assisted the project through reviewing materials and granting interviews.

The migrant families with whom we spoke deserve the most thanks, for welcoming us into their homes and giving to us the information along with their perspectives on the services under study. We also wish to thank the representatives of the private and public agencies with whom we spoke in the eighteen counties and twelve state capitals we visited. Their cooperation and understanding of our objectives was supportive.

Those who contributed directly to the performance of the project and production of the results include Juan Gutierrez, president of InterAmerica Research Associates, Inc., and other members of the InterAmerica staff, who rendered time and suggestions; Lucy Conger and Wilfred Hamm who gave professional support at various stages of the project; Yolanda Hernandez, who provided continuity, coordination, and guidance to the project and its staff; Charlotte Torres, Carol Cheleandar, and Robin Hill, who assisted in production; and Vine Smith and Rhonda Solt who furnished photographic and design support.

Photo credit: Irwin Nash, p. 1.

The interpretations, conclusions, and recommendations in this report are those of the authors and of InterAmerica Research Associates, and do not necessarily reflect or represent the views of the National Center for Child Advocacy, Children's Bureau; the Office of Child Development; or the Department of Health, Education, and Welfare.

There are three publications as a result of the comprehensive "State-of-the-Field Study of Migrant Children and Their Families Who Are In-Stream, Home-Based, or Settled Out," prepared by InterAmerica Research Associates under the auspices of the National Center for Child Advocacy, Children's Bureau, Office of Child Development. They consist of the following:

- Migrant Child Welfare
- Migrant Child Welfare: Executive Summary
- Migrant Child Welfare: A Review of the Literature and Legislation

MIGRANT CHILD WELFARE

EXECUTIVE SUMMARY

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Migrant Farmworkers

The labor of migrant farmworkers is vital to agricultural productivity and the economy of the United States. A large number of farms and canning factories are almost totally dependent on migrant labor for picking crops and working in the food processing plants during the harvest season each year. All citizens benefit from the contribution of migrant labor to the economy, and while mechanization has somewhat decreased the need for migrant labor over the last decade, there continues to be a large number of crops which can be harvested only by the field laborer.

Despite the important contributions made by migrant farmworkers to the national economy and our food supply, migrants are among the most exploited and neglected of populations. This is reflected in the extremely low incomes of migrant families. The average hourly rate paid to farmworkers is less than half the average hourly wage of industrial workers (Pennsylvania Farm Labor Project, Pennsylvania Farm Labor Plan, Philadelphia: American Friends Service Committee, 1976, p. 9). Farmworkers work long hours under extremely hazardous conditions caused by pesticides, farm machinery, and inadequate sanitary conditions. Often, a portion of their wages are paid to crew leaders for food, transportation, and other services provided at inflated prices. This leaves the family with a woefully inadequate income derived from extraordinarily long days of very hard work. The average annual farmwork income of migrant workers in 1974 was less than $1,700; income from other work brought total annual income to about $3,100 (InterAmerica Research Associates, Migrant/Seasonal Farmworker, An Assessment of the Migrant and Seasonal Farmworker Situation in the United States, Vol. 2., Findings, Washington, D.C.: InterAmerica Research Associates, 1976, p. 32). Child labor is an economic necessity for the migrant family due to the low level of income. By the age of four, most children work in the fields at least part of the day. And most older children drop out of school well before high school to work full-time in the fields.

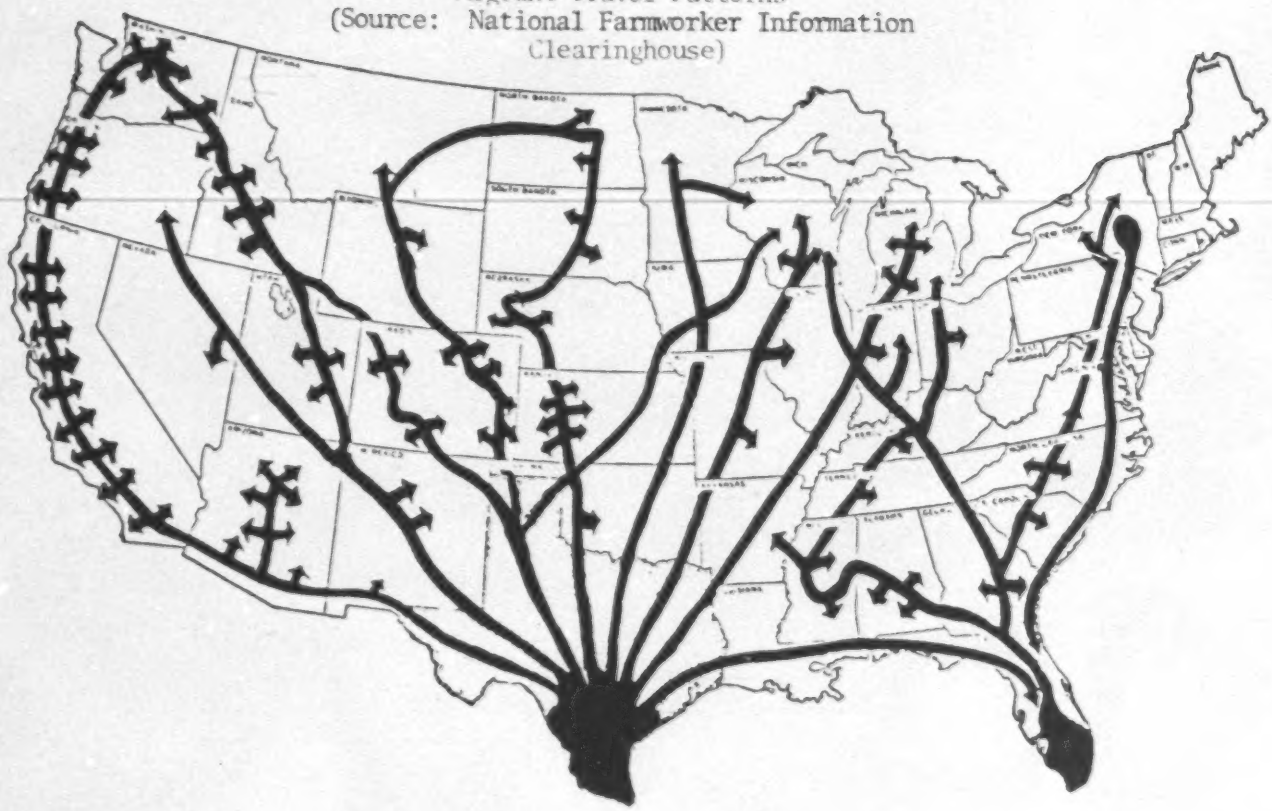
The migrant lifestyle is characterized by almost continual traveling from one growing region to another, lack of sufficient food and other necessities, and crowded, unsanitary living conditions. Migrant workers

typically travel from their home base areas in three major streams. The East Coast stream, which is traveled mainly by Black farmworkers and an increasing number of Mexican Americans, includes most of the states along the eastern seaboard. Most migrants traveling in this stream make their home in Florida while it is off-season in the northern states. The mid-continent stream is traveled mostly by Chicanos, and flows northward from Texas through the Midwestern and Western states. The West Coast stream moves within California and north to Oregon and Washington. In recent years, there has been more east-west movement, with migrant workers traveling in more than one stream. The travel patterns of migrant farmworkers are depicted in the chart on the following page.

Many migrants work in the stream for six to eight months. They travel in family groups, and most or all family members do some work in the fields. Others, however, travel as single people and leave their families at home. Some migrants are recruited in the home base areas and travel in crews. Others, "free wheelers," migrate independently as individuals. Migrant family size averages from 5.1 to 5.39 members and Mexican American families tend to be slightly larger than Black families (ibid, p. 38).

While there is no accurate method of counting farmworkers, it is estimated that there are over 800,000 migrants nationally, and most of them are very young (Baumheier, Edward C.; Gage, Robert W.; Hellar, Gretchen A.; and Theimer, C. Patricia, The Migrant Farmworker: Social Programs, Policies and Research, Denver: University of Denver, 1973, p. 6). In 1974, more than 60% of all migrants were under the age of 25, and only 2% were over 65 years old (InterAmerica Research Associates, Migrant/Seasonal Farmworker, p. 38). The average life expectancy for migrant workers is 49 years (Baumheier et al., The Migrant Farmworker, p. 9). This low life expectancy testifies to migrant's hard lifestyle. The largest group of migrant farmworkers is Chicano, and the second largest is Black. Other racial/ethnic groups represented include Puerto Rican, Anglo, Native American, Mexican, Filipino, Canadian, and a small number of people from the West Indies.

Migrant Travel Patterns
(Source: National Farmworker Information Clearinghouse)



Services to Migrants

The extreme poverty, high mobility, and detrimental compound working environments of migrant farmworkers make them a group greatly in need of supplementary services. Their low income makes it virtually impossible to provide for their families adequate food, clothing, and housing. Their needs, therefore, are immediate and very basic.

A variety of barriers exist, however, which impede migrant's receiving needed services such as health care, education, day care, and food supplements. Some of the barriers to service delivery are created by their occupational mobility, isolation, precarious employment, and economic exploitation. Other barriers stem from poor community response, discrimination, and inadequate legislative provisions, such as stringent eligibility requirements and waiting periods. Spanish-speaking migrants of limited English-speaking ability encounter problems in obtaining services because agencies often have no bilingual persons on their staffs. Continuity of service is also a problem as migrants move from area to area. Recently, several health and education record-keeping systems have been developed which attempt to compensate for this problem.

Many communities and state- and county-level agencies do not accept responsibility for serving migrant farmworkers who are in-stream since migrants are not permanent residents. Rather, it is asserted that the federal government has responsibility for providing services to migrants. Services provided by state departments of social service, state health departments, and similar agencies are usually available to migrants just as they are to permanent residents. However, unless outreach and bilingual staff are provided, the migrant families may not be aware of the services. In addition, they may have difficulties in proving their eligibility for the programs or in getting transportation from the migrant camps to the service provider. Therefore, social services agencies are not always so responsive and supportive as is required for the minority transient population with special needs.

Migrant Child Welfare Services

The goals and objectives of child welfare services, as described by the Office of Child Development, include the delivery of preventive, supplemental, and substitute care. Traditionally, the specific services proposed to meet these goals include adoption and foster care, residential treatment, institutional care, homemaker services, and protective services. In this study, child welfare is defined broadly to encompass more than the traditional child welfare services. The needs of migrant children, frequently more basic than the needs of nonmigrant children, stem from the ill effects of inadequacy in food, clothing, and housing; and their need for services, such as foster care, institutional care, and residential treatment, is secondary. Also, migrants often rely on extended families and close friends or neighbors who frequently care for a child who otherwise might need adoption or foster care services.

The goals of child welfare services to migrant families must first be to provide families with supplemental services such as day care, food supplements, health care, emergency assistance, and education, which will help improve the immediate and future economic and social well-being of the migrant child. Meeting these basic needs will have the greatest impact on migrant child welfare. Thus, the services considered in this study are those which affect the areas of physiological and environmental health, education, day care, and child abuse and neglect. The providers of such services include state and federally funded programs, county or district social service and educational agencies, and private programs.

Advocacy organizations are of great importance since migrant farmworkers have very little leverage for demanding that they receive the assistance to which they are entitled. They are politically powerless--a small, isolated, and transient group who are not members of a political constituency. Therefore, migrant farmworkers frequently are not covered by workers' protective legislation, or they are provided with much less extensive coverage than workers in other occupations. Also, many federal regulations are not flexible enough to serve a transient population.

The Nature of the Study

The purposes of this study were:

- To review, assess, and synthesize the literature concerning child welfare services to migrants;
- To determine the nature and extent of child welfare services;
- To determine the number of migrant children receiving those services;
- To determine interactional patterns between existing services and current and former migrant families in need of those services;
- To determine the number needing those services as well as the number receiving them in order to estimate total need;
- To determine the differential need between settled-out migrants and current migrants;
- To determine the differential need between the major streams of migration, as well as the differential need between migrants at home base and in-stream;
- To delineate problem areas that impede service delivery to migrant children without affecting nonmigrant children;
- To determine whether a pattern exists to train migrants to work in services to migrants;
- To explore the feasibility of using alternative funding sources to support welfare services to migrants;
- To analyze the above information in a manner enabling the development of a policy and operation strategy for OCD that will be in the best interest of current and former migrant families.

With the exception of the literature review, the results of which have been published separately, the above items are all closely related. As a consequence, it was necessary to engage in a number of tasks simultaneously. The resultant plan of analysis was sufficiently complex to generate a large body of coordinated information, covering all levels of service provision and need.

In order to obtain the depth of information necessary to describe services to migrants adequately, it was necessary to study selected regions as a nationwide sample. A number of important criteria were met. The final list of states includes major home base as well as user states, regions covering all three streams of migrant activity, states with large numbers of migrants and states with small migrant populations, areas with long-established migrant populations and those in which migrant activity has been more recent, and states with major "settled-out" areas, i.e., former "pass-through" areas in which migrants have established permanent residence. The states selected for this study are the following: California, Colorado, Florida, Iowa, Illinois, Maryland, Michigan, New Jersey, New York, North Carolina, Texas, and Washington. The research was conducted in that county within each state with the largest migrant population; this allowed a thorough analysis of the migrant child welfare situation in areas of largest migrant concentrations.

The study design utilized mail and personal interviews with state and local officials and service providers, interviews with migrant families, and mail questionnaires to training institutions. Each is described briefly below, and in greater detail in the report to which this volume is a summary. (Please see Cavenaugh, D. N.; Lynch, L. J.; Porteous, S. M.; Gordon, H.A. Migrant Child Welfare, Washington, D.C.: InterAmerica Research Associates, June 1977.)

Information from state and local officials (including service providers and advocacy organizations) was obtained in two stages. First, mail questionnaires asked primarily for quantitative data such as the number of individuals served by an agency, the number of migrant children served, the total number of migrants in the service area, and the agency's budget. This type of information can be most economically obtained through mail questionnaires, with no loss in accuracy. Second, personal interviews were held with the individuals responsible for supplying the information in the mail questionnaires. Those interviews covered policy-related issues, such as funding, and problems in providing services to migrants.

The combined effect of this two-stage interview process was to obtain a balance of quantitative and qualitative information not possible through either mode of contact alone. Individuals interviewed represent the following agencies: state and county public welfare offices, including the

protective services division; state and county health departments, as well as migrant health clinics; the state Title I Migrant education office and local educational agencies (LEAs) with Title I programs; and farmworker organizations. Interviews were also conducted with local service providers referred to during other personal interviews, such as local day care centers and voluntary organizations.

In addition to the agency information, information was also obtained from migrant families residing in these same states and counties. Women of the same racial and ethnic backgrounds as the migrants were trained to interview migrant families. Seven hundred fifty individuals (most often mothers) were questioned regarding their needs and use of child welfare services. The interviews concentrated on several basic areas of child welfare: health care, day care, family services, and education. The respondents were asked their need for these services during the past year (autumn 1975 through autumn 1976). If services had been needed, they were asked whether services had been received when needed; if not, why not. If services had been received, they were asked for their opinions of the services. In addition, several other types of services relating to child welfare were mentioned, including help with family planning, availability of free clothing, and whether free meals were provided by schools. Analysis included separating the responses according to stream (East Cost, mid-continent, and West Coast), and separating current migrants from "settled-outs," i.e., former migrants who have established permanent residence in-stream. These data provide further insight into the delivery of services to migrant families, and, while not a precise "reliability check" on agency information, they do provide perspectives different from that given by agency personnel. Due to the mobility of the migrant population, however, interviewing migrants in even a single state about services received necessarily encompasses services received not only in that location but in other states in which the family had recently travelled as well. As a result, the data obtained from the families in this study reflect services received during the past year, regardless of the location in which they were obtained. It is thus likely that many of the services were needed or received in locations other than those in which agency interviews were conducted; therefore, the family interviews cannot be used to directly support or discount agency data. On the other hand, these data can be a useful adjunct to agency

interpretation of the extent to which the need for child welfare services is being adequately met in the migrant community.

In addition to the above, a separate inquiry was made to institutions that train former migrants to be employed in positions that serve migrants. Approximately 90 training centers were surveyed, including universities and colleges, day care and health care centers, and other established training programs. The aim was to determine whether or not there exists a pattern of training former migrants to work with current migrants in service agencies such as health clinics, departments of public welfare, educational institutions, etc. Training individuals who were former migrants to work in these organizations helps alleviate the many problems inherent in serving migrants, such as insensitivity to migrants' problems, lack of bilingual staff, and a lack of knowledge about the migrant situation.

The reports for this study consist of the following three documents:

1. Cavenaugh, D.N.; Lynch, L.J.; Porteous, S.M.; and Gordon, H.A. Migrant Child Welfare: A State Of The Field Study Of Child Welfare Services For Migrant Children And Their Families Who Are In-Stream, Home Based, or Settled-Out. Washington, D.C.: InterAmerica Research Associates, June 1977.

2. Cavenaugh, D.N.; Lynch, L.J.; Porteous, S.M.; and Gordon, H.A. Migrant Child Welfare: A State Of The Field Study Of Child Welfare Services For Migrant Children And Their Families Who Are In-Stream, Home Based, Or Settled-Out; Executive Summary. Washington, D.C.: InterAmerica Research Associates, June 1977;

3. Porteous, S.M. Migrant Child Welfare: A Review Of The Literature and Legislation. Washington, D.C.: March 1977.

CHAPTER I

SUMMARY OF FINDINGS

Social Services

The nature of the information from agencies precludes precise estimation of the number of migrant children served in such programs as in-home service, placement in another home, and institutional placement. These traditional child welfare services have little or no known impact on migrant children. Many agency respondents indicated that, despite lack of data, they were certain that migrants did not receive these services. Many migrants are ineligible for AFDC, and are excluded from programs such as Medicare and Medicaid. The Food Stamps program is the only social services program significantly utilized by migrants. Migrant's access to social services is restricted by their own unfamiliarity with programs in each locale, community attitudes, and lack of transportation. Language barriers and strong family cohesiveness, as well as staff overloads, extensive paperwork and documentation requirements for eligibility, combine to minimize the extent of social services program utilization with the exception of temporary financial aid.

The social service programs from which most in-stream migrant children can benefit are operated by the states rather than federal government. Recertification is necessary every time a family crosses a state line, which may happen many times in a year's migration.

Child Care

In the 12 survey states, preschool care was provided to 29,855 young children by the programs in Table I.

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TABLE I. Number of Preschool-aged Migrant Children Served By Program or Funding Source

Program/funding Source	No. of Preschoolers
ESEA Title I Migrant	17,063
Migrant Head Start	6,000
Title XX, SSA	3,417
State funds	2,150
CETA 303	1,225
TOTAL	29,855

Title I Migrant Education programs provide day care for younger siblings of school-aged participants usually using the same school and transportation systems as the older children. With no separate funding for the preschool program, greater costs and stringent licensing requirements threaten the availability of the service. The Migrant Head Start program is the only program for which migrant day care is a priority. The projects use the Head Start curriculum, offer extended hours, hire bilingual/bicultural staff, and provide infant care. Some programs last for less than five months each year and thus cannot readily find qualified full-time staff. Title XX Day Care is offered as a local option, and eligibility requirements and availability of certain services may vary. The incorporation of state funds into the day care network offers opportunities for a consolidated administration, but consolidation risks jeopardizing the total program if any one of the funding sources is discontinued. The CETA Day Care services are offered to support the manpower training programs, and often consist of purchased slots in existing day care programs.

Most migrant child care programs include a carefully designed curriculum; nutrition programs; health screening, diagnosis, and treatment; parent involvement; extended hours; transportation; and, in some instances, outreach and referrals. However, the programs differ widely in their implementation. The most prevalent problem facing child care programs is in securing facilities which meet licensing requirements. Child care for migrant families is a critical problem everywhere; often, the only alternative is for working parents to take the children into the fields.

Education

School related programs were the third most frequently mentioned child rearing problem for migrants. The ESEA Title I Migrant Education Program has the greatest potential impact to improve the education of migrant children, with funds targeted especially for that purpose. Other beneficial funding sources are the basic Title I program, Title VII Bilingual Education, and various state programs. Title I Migrant Education serves approximately 200,000 migrant children in the twelve survey states and an estimated 400,000 nationwide.

Summer programs are the most effective Title I Migrant Education projects due to the lack of other programs during the growing season. Academically comparable to those for migrant children during the school year, they are flexible and promote home-school contact for nearly 40,000 migrant children in the survey states. The major drawback of summer programs is that they are operated usually only during normal school hours and are not coordinated with field work hours. Frequently, children are unattended for parts of the day.

Secondary level vocational training under the Title I Migrant Education program reached only 2,500 migrant children, due to the high drop-out rate for secondary level students, the high per pupil cost of such programs, and hesitancy of schools to offer programs for youths who remain in the district for only a short time. The High School Equivalency Program (HEP), currently funded by the Department of Labor, assists approximately 1,000 migrant secondary students each year.

The Title I Migrant Education program addresses the non-academic needs of children as well as providing classroom assistance. Ten states indicated that dental care, sight and hearing remedies, and nutritional supplementation were available; most programs also provided social workers, outreach and recruitment, career counseling, psychological counseling, and accident insurance. In addition to the above services, approximately 40% of the children enrolled in Title I Migrant Education programs receive bilingual/bicultural education in the survey states. About 400,000 migrant children are enrolled in the Migrant Student Record Transfer System (MSRTS), a nationwide education and health records system for migrant students, which

has two major problems restricting its effectiveness: inadequate recording of base information and inutility of records. Another problem which plagues attempts to educate migrant children is the failure of the Title I Migrant Education office to identify and disseminate information on successful and innovative education techniques. There are also many problems resulting from failure to coordinate at national, state, and local levels.

Health

The most commonly provided health services for migrant children in the twelve survey states include basic health screening, consisting of physical examinations and immunizations (all states); the WIC nutrition program (in nine states); and dental care (in all states). Specialized disease testing and health education are less frequently offered. Children involved in Title I Migrant Education programs are eligible for health diagnosis and treatment. The large number of teenagers out of school and 50,000 to 75,000 migrant preschoolers without day care in the survey states are not covered by these programs. Ineffective record transfer networks may result in over-immunization for some diseases. Although physical examinations and routine screenings are conducted in all states, the diseases for which screening is provided and the proportion of migrant children reached, vary greatly. Migrants qualify for the WIC nutrition program, but sometimes cannot be accommodated due to limited program size. Health education is one of the most valuable forms of preventive care, but only two of the survey states provide high quality programs. The greater the degree of coordination between health care providers, the more effective the service delivery to migrants.

The Migrant Health Act is the major funding source for health services to migrants. The establishment of Rural Health Initiative to coordinate health services to the rural poor, including migrants, should increase the availability of care for migrants. The proposed revision of the EPSDT program would expand coverage to all medically needy children, without limiting the EPSDT eligibility to those eligible for Medicaid.

The health of migrant children is severely threatened by conditions in the home and in the fields. Housing is inadequate to accommodate large families, is unsanitary, and lacks the basic essentials for a decent living

environment. Housing inspections are infrequent, and stricter standards often lead to camp closure rather than improvement of facilities. Available housing is of four types: private rental, employer furnished, family owned, and public rental. All housing for migrants is scarce, however, and migrants frequently live in their vehicles or camp out in fields and along river banks. Access to health services is limited by the rural isolation of much of the existing migrant housing. Migrant parents identified housing as a child-rearing problem more often than any other factor. Children in the fields, working or not, suffer conditions of poor development, exposure to pesticides, and injuries from farm machinery.

CHAPTER II

CONCLUSIONS

Although migrant children and their families benefit from the targeted programs designed to alleviate severe conditions of want, their needs persist unfulfilled. By reviewing the issues which impact upon service delivery to migrants in the context of current government intervention, this chapter presents the basis for the recommendations which follow.

Migrants' characteristics present a test case of the capacity of public agencies to adhere to a policy of equally serving all who need assistance. This policy often becomes translated into agency-centered efforts rather than client-centered efforts. The difference between these two approaches is central to the problem of the nation's social service systems.

Those with special needs--needs greater than normal or needs requiring modification of normal delivery procedures--do not in fact have their needs met equitably compared to others in the population receiving social services. In northern states, migrants seldom are permanent residents of the communities where they must apply for assistance, and therefore the agency cannot use its knowledge of local conditions and resources in effectively addressing their needs.

The local grower pays the going rates for migrant labor and may or may not provide housing. Although migrants are judged by local residents to be living in degrading conditions, it is the local grower who is responsible for the upkeep of the property. The income from the migrant family's labors, often tendered at the end of the work contract, cannot alleviate the conditions. These conditions isolate children and parents from the established communities in which they work and emphasize the barriers preventing their entry to opportunities other than farmwork.

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Recommendations to improve the welfare of migrant children must acknowledge the general conditions of migrants in America today. No one issue, such as child welfare, can ignore the tremendous burdens of the migrant. In the present study, one-quarter of the parents who were questioned about problems raising children in the migrant stream cited the lack of money as the most important. All resources--skills, time, education, health care--needed by migrants as well as by all persons, require money. Farmworkers, although harvesters of the nation's food, are blocked by tradition, discrimination, and law from acquiring needed resources to improve their lives. A recent report on the situation of migrants concluded:

> "Farmworkers remain locked in a cycle of poverty and agricultural work, guaranteeing the presence of a substantial number of these workers well into the future. Further, they remain members of a population that is relatively small, and often spurned and ignored despite their direct contribution to the agricultural productivity of the nation." (InterAmerica Research Associates, An Assessment of the Migrant and Seasonal Farmworker Situation in the United States, Volume I, Executive Summary and Conclusions, Washington, D.C.: InterAmerica Research Associates, 1976, p. 2)

Uniqueness of Migrant Characteristics

The citation above refers both to farmworkers who migrate and to those for whom travel is not an additional burden. For migrants, however, the constraints of the system under which they work combined with those generated by their own situation amplify the poverty, the inescapable cycle, the exploitation, and the unavailability of legal recourse due to laws exempting farmworkers from rights guaranteed to most other workers in America. Eligibility requirements force them to surmount far greater obstacles than others to obtain even basic services.

The health consequences of living in migrant camps, when camps exist, extend beyond the current generation. Enforcing federal standards for farmworker housing without bringing about a mass closure of migrant camps is another problem. Closure has, in fact, occurred in many cases, leading to even more perilous existence for the migrant family instream. The problems of reapplying for social services assistance through increasingly complex procedures in each new site visited, have been described, along

with the eventual effects of reducing incentive to apply for help even when eligible. The consequences of the lack of child care, when the only alternative is to take the child to the fields, has been presented, noting that conventional, informal child care arrangements (relying on a neighbor or relative) are seldom options available to the migrant family in-stream.

The literature review for this study has further pointed out many cases of protective laws which by their provisions exempt migrant farmworkers (Porteous, S. M., Migrant Child Welfare, A Review of the Literature and Legislation, Washington, D.C.: InterAmerica Research Associates, pp. 60, 64, 70, 134-5). Evidence has been presented that lifestyle, culture, and mobility factors separating the migrant from the non-migrant social services applicant operate to exclude the migrant from eligibility for many family services.

The Need for a National Program

As a result of these unique factors and the obstacles to obtaining services, it is clear that pressing needs dictate a priority for continued funding of targeted programs for migrants. Despite some overtures at the state level, most of this programmatic assistance to date has been at the national level. This should continue, but cannot be expected to provide comprehensive benefits for migrants until a coordinated program is developed. In numerous cases, the precedent has been set for clear identification of specific minority groups requiring special consideration. No one agency coordinates federal programs for migrants, so each operates independently and sometimes contrarily to others.

The current trend toward block grants represents one approach to the solution of problems of large-scale government. However, block grants should not be considered an automatic panacea; all programs recognized in need of implementation at the national level should not be subsumed under the block grant funding process. The categorical programs being consolidated do not cover all aspects of the target population's needs. Migrant needs must be addressed comprehensively. In concert, the Migrant Programs in education, health, Head Start, and manpower can cover these needs if properly coordinated. Restructuring of existing programs and coordination among service providers are necessary to approach equitable treatment for migrants.

Clear national policy is necessary if state governments are to develop their own roles in serving migrants. Although targeted services for migrants under a national migrant program might seem to indicate that the federal government has relieved the states of obligations to serve the migrant population, this is not the case. The federal government is emphasizing the needs of migrants, and state and local agencies must improve their own efforts to serve migrant needs in accordance with their obligations to serve all persons equally. Group eligibility for migrants under the Title XX Social Services program is an example; local program coordination should be improved between migrant grantees and other service providers.

The recommendations in Chapter III concern the need for recognition of migrants' special needs interfaced with federal, state, and local program responsibilities. The three Recommendations sections which follow (Policy, Administrative, and Programmatic), take into consideration the complexity of social service provider systems, the need for coordination among them, and the structural alterations necessary for both short-term and long-term change to enable migrant families to achieve full and self-sufficient citizenship.

CHAPTER III

RECOMMENDATIONS

At present, many programs address the needs of migrants specifically and through general services. This study has addressed programs impacting upon child welfare: social services, child care, education, and health. The recommendations presented here concern the implementation, interaction, and effectiveness of these programs. Also presented are recommendations that go beyond programmatic areas to outline potential avenues for clarifying and optimizing the efficacy of the entire migrant services network.

With approximately $230 million spent annually by the federal government for the direct benefit of migrant farmworkers, the need for federal-level coordination of programs providing these funds is paramount if any of these programs are to maximize their service potential. The fact that they are all directed at a discrete population of more than one million persons necessitates coordination. However, many policy and administrative problems have stood in the way of consolidation or even coordination of these programs. This report addresses this issue as well, in the hopes that today's migrant children will be able to live rewarding lives by the time they reach adulthood.

The recommendations of this report are grouped as follows:

- Policy Recommendations. These concepts, often involving long-term structural change, concern basic improvements in the methods for providing social services to migrant families.
- Administrative Recommendations. Suggestions involving existing programs, their implementation at various levels, and their effectiveness are presented in this section.
- Program Recommendations. Based on findings of this study, a number of specific changes regarding delivery mechanisms and program procedures are presented.

A. POLICY RECOMMENDATIONS

A.1. Federal Level

A.1.A. System Coordination

A.1.A.1. A federal coordinating panel should be established to ensure that programs targeted for the benefit of migrant farmworkers and their families operate effectively and efficiently. The Community Services Administration (CSA), which currently is responsible for coordinating, reviewing and monitoring federal programs for migrant and seasonal farmworkers [P.L. 93-644, Sec. 6(b)] is the appropriate organizational location for such a council, although the Office of Human Development in HEW may represent a location which offers greater potential for coordination of programs since most programs for migrants are administered by HEW, none by CSA.

A.1.A.2. Central coordination of federal programs serving migrant farmworkers should be accomplished by a panel comprised of the directors of the federal programs which are designed to serve migrants directly and the directors of programs which include migrants as a substantial protion of their service population. These should include, as minimum representation, the following persons:

- The Assistant Secretary for Human Development, HEW;
- Chief, Policy Development, Title XX Program Office, Public Services Administration, SRS, HEW;
- Chief, Indian and Migrant Programs Division, OCD, HEW;
- Director, Office of Child Development, HEW;
- Chief, Special Programs, Community Services Administration;
- Director, Migrant Division, Employment and Training Administration, Department of Labor;
- Director of Rural Development, Department of Agriculture;
- Director, Migrant Task Force, Food and Nutrion Service, Department of Agriculture;

- Director, Migrant Programs Branch, Office of Education;
- Director, Migrant Health Program, Bureau of Community Health Services, HSA, HEW;
- Assistant Director for Minority Concerns, Domestic Policy Staff, White House.

A.1.A.3. This panel, regardless of location, would be established by authority of the Community Services Administration authorizing legislation of 1977. An Annual Report to the Congress on the migrant and seasonal farmworker situation in the United States would be among its functions. This report would identify basic conditions, impact of programs, improvements in interprogram coordination through the program efforts, and selected issues requiring the further attention of the Congress to improve the effectiveness of the federal government's efforts on behalf of migrant and seasonal farmworkers. One of the first functions of this body would be to develop a standard definition of the term, "migrant," which would thereafter be used in determining eligibility for participation in all migrant programs represented by panel members.

A.1.A.4. This panel, which could be called the Coordinating Council of the Federal Migrant Programs Office, (FMPO) would require a support staff to review operations of the member agencies' programs, identify opportunities for improved coordination and effectiveness, and prepare the Annual Report. The Council would have a rotating chairmanship.

A.1.A.5. In conjunction with programmatic changes to foster improved coordination and effectiveness among migrant-targeted projects at the local level, this office would monitor situations in which several migrant-targeted grantees exist in the same locality and are in need of improved coordination. Proof of improvements in coordination would be written into a grantee's application for funding during the next regular funding cycle and would be compared with staff field assessment of local program coordination effectiveness. Improved coordination would be taken into consideration during funding competition.

A.1.A.6. The Federal Regional Council's Task Force on Migrant Farmworkers should prepare for the Coordinating Council of the Federal Migrant Programs Office materials concerning its work to date in assessing and improving the operations of federally funded programs for the benefit

of migrant farmworkers, and should become the recognized field arm of the FMPO, through which information could be assembled via conferences, hearings, and assistance provided to local grantees in meeting coordination requirements. Arms of the Task Force should be established in Regional Offices other than Regions II and VI, its current sponsors, to the extent that migrant grantees are located in other areas.

A.1.A.7. The requirements of the FMPO regarding coordination among local grantees should include, as a minimum, proof that a local council of all organizations serving migrant farmworkers and families has been convened and includes private organizations and public agencies; that it meets regularly and as often as needed; and that it has improved coordination of services to migrants through consolidated program planning, pooling of transportation resources, and coordinated outreach worker training and deployment.

A.1.A.8. The definition of a minimum migrant population should be established by the Coordinating Council to assure that migrants' special needs are considered by local providers. One family or two single adult workers per county is suggested as this minimum number; counties having as many or more migrants should reflect this fact in Title XX Needs Assessments and Services Plans.

A.1.A.9. The Federal Regional Council's Task Force on Migrant Farmworkers, as the field arm of the FMPO, should work with state public social services agencies to inform them of, and encourage them to adopt, Title XX Group Eligibility Provisions for migrant families. The Coordinating Council of the FMPO should encourage grantees of the member agencies to assist in this effort also.

A.1.B. Child Care

A.1.B.1. The Title I Migrant Education program should designate preschool child care as a program priority, and revise its entitlement determination procedures so that the number of migrant children, from birth to five years, is reflected in total funding. Not all children may require child care; therefore, it is suggested that the number of preschool-age children served and identified by enrollment on the Migrant Student Record Transfer System be the number of children used in determining such

entitlement. Early childhood education is essential to the success of migrant children in later school years. Coordination of programs for preschool and school-aged children results in cost savings through consolidation of resources, and improves educational continuity, while more effectively protecting the child from risk.

A.1.B.2. The 1977 Head Start Program authorization and appropriation bills should provide separate funding through a set-aside, for the Migrant Head Start Program. This approach, rather than internal Head Start Bureau allocation, would provide a more secure funding base for the program.

A.1.B.3. The Migrant Head Start program is known to be effective in those few sites in which it operates. The program should be expanded significantly to serve a larger number of children. An evaluation of the program's three experimental models should be undertaken to assist in identifying the types of projects to be supported under this expansion.

A.1.B.4. The Indian and Migrant Programs Division, using resources of the Office of Child Development, should support a training and technical assistance program for migrant child care projects regardless of their funding sources. This administrative support should assist projects in administration, coordination, and utilization of resources, particularly in obtaining Title XX funds and working with licensing and funding organizations to develop procedures which recognize the special needs of migrant children.

A.1.B.5. The Indian and Migrant Programs Division, supported by the Federal Migrant Programs Office, should ensure that all child care facilities serving migrant children would suitably meet the special needs of migrant families using their facilities with regard to program duration, hours of operations, availability of transportation, health care services, and outreach. Parent education and involvement should be stressed.

A.1.B.6. The Federal Regional Council Task Force on Migrant Farmworkers should, as a field arm of the FMPO, work with state agencies to ensure that the states assume appropriate responsibility for serving migrants within their boundaries, through coordination of existing

federal-and-state sponsored programs and development of new state programs where appropriate. Comprehensive local programs for complete family services should be the goal of such efforts. Creation of state-level offices to coordinate programs for migrants should be urged in states without such offices.

A.1.C. Education

A.1.C.1. The role of the national office of the Title I Migrant Education program should expand to include greater interaction with the State Education Agencies (SEAs) in working to administer programs effectively at the local level. Re-allocation, evaluation, utilization of information systems, and the identification and adaptation of successful models would be included. Emphasis should be placed on integration of programming at the local level with other providers so that in-camp tutoring, parent education, and health education are made available.

A.1.C.2 Congress should require the Title I Migrant Education program in all Local Education Agencies (LEAs) enrolling a set minimum number of eligible migrant children. The Elementary and Secondary Education Act (ESEA) Title VII Bilingual Education program sets the precedent for requiring extra programs in cases where students are denied the right to education because of linguistic and cultural differences.

A.1.D. Health

A.1.D.1. A national health hospitalization insurance program for migrants should be established, based on one of several successful models that have already been tested. All providers of service to migrant children under such a plan would be required to record services on the National Migrant Referral Project, a central migrant health records transfer system, which should be expanded to accommodate a larger national client population.

A.1.D.2. The Women, Infants, and Children (WIC) and Food Stamp programs should be transferred to HEW, where they can be more effectively coordinated with other health and nutritional support programs.

A.2. State Level

A.2.A. Social Services

A.2.A.1. State protective services offices should identify counties having known migrant populations and should work with social service agencies therein to increase the number of families licensed to provide emergency short-term shelter for dependent children who are of the same cultural and linguistic backgrounds. Migrant families who have settled-out and are permanent residents of the county are suggested as the most appropriate sponsors for placement of migrant children on an emergency basis. States should have flexible guidelines acknowledging that while settled-out families may be less financially stable than most foster families, the value to the child of the cultural similarity is of greater importance in a short-term placement.

A.3. Local Level

A.3.A. Health

A.3.A.1. In counties where migrant camps are located, county health departments, in conjunction with public housing authorities, should develop procedures for requiring camp owners to notify the county health department if migrants arrive at their camps with children. This could facilitate better coordination and provision of health care to such families and, as a consequence of outreach visits by health workers, serve to censure owners permitting health and safety hazards to persist in their camps.

B. ADMINISTRATIVE RECOMMENDATIONS

B.1. Federal Level

B.1.A. Social Services

B.1.A.1. To alleviate the considerable legal obstacles which arise in protective services cases concerning Mexican and Mexican American families living near the U.S.-Mexico border, OCD should convene a conference on children's welfare, similar to that sponsored by the Children's Bureau in 1947, so that arrangements for effective resolution of such cases, especially those concerning illegal aliens, can be adopted by both nations.

B.1.B. Child Care

B.1.B.1. In accordance with any Federal Interagency Day Care Requirements that may be established, the Office of Child Development should incorporate provisions for and assist states in implementing special shorth-term day care program and licensure procedures that allow for special needs and limited resource requirements. OCD Regional Office personnel should assist in negotiation and assistance efforts. Please also see Recommendation B.2.C.1.

B.1.C. Education

B.1.C.1. The training of bilingual teachers should be emphasized so that there are enough available to run complete bilingual education programs for non- or limited-English speaking migrant children. Please also see Recommendation C.1.B.9.

B.1.C.2. The High School Equivalency Program (HEP) should be transferred from the Department of Labor to the Office of Education, HEW. It should be operated by either the Migrant Branch or the Office of Post-Secondary Education, and be coordinated with the Title I Migrant Education program and secondary-level Learn and Earn programs operated therein, to assure effective interprogram coordination and continuity of services for migrant children. No direct data was gathered on HEP in the present study; an impact evaluation of this program's effectivenss in serving migrant children should be undertaken.

B.1.C.3. The Office of Education should support the inclusion of compensatory programming in the basic educational programs of all schools serving disadvantaged children.

B.1.C.4. The national office of the Title I Migrant Education program should sponsor a longitudinal study of migrant children's language and arithmetic achievement in schools participating in the Title I Migrant Education program.

B.1.C.5. The national office of the Title I Migrant Education program and the SEAs should urge LEAs operating summer migrant programs to increase emphasis on providing educational opportunities to all members of migrant families. Training in parenting, basic education , and vocational choices for children should be made available through in-camp programs and evening/week-end activities, and linkages with other providers should be establihsed to facilitate health education and child care training.

B.1.C.6. The Title I Migrant Education program and the ESEA (amended) Title IV-C Dropout Prevention program should coordinate to sponsor development of innovative and meaningful dropout prevention model projects for farmworker youth to improve opportunities for raising traditionally low educational levels of migrant farmworkers and providing training in vocational options available outside and within agriculture.

B.1.C.7. Projects operated by the Migrant Head Start program and the Title I Migrant Education program should be coordinated to offer maximum program efficiency and continuity of care and education in localities served by both programs and develop plans for improving services to communities where one or both is not supporting a project but eligible migrant children are found. Programs operated by each in the summertime should receive special attention. Please also see Recommendations A.1.B.1; A.1.B.3.; and B.1.C.2.

B.1.D. Health

B.1.D.1. Any organization responsible for administration of the WIC program, the MCH program, the EPSDT program, or other federally-funded health programs at the local level should inform other local health care providers and the public of their services in an appropriate manner.

B.1.D.2. The WIC program should be available through all grantees of the Migrant Health program. A proportion of the enrollment slots allocated to the grantee should be set aside for use by migrant families in accordance with the number of migrant families who were eligible, regardless of the number actually served, in the previous year.

B.1.D.3. The WIC program office should facilitate the interstate transfer of WIC slots from home base areas serving migrants to in-stream states during those months of the year when enrolled migrant families are often at great nutritional risk while traveling and cannot continue to benefit from WIC if in-stream slots are already filled.

B.1.D.4. The Bureau of Community Health Services should continue to support training for rural physicians and other health providers serving migrants, in the diagnosis of pesticide poisoning and other medical ailments particularly prevalent among migrants.

B.1.D.5. The Bureau of Community Health Services should support research on the long-term effects of pesticides on farmworkers and others who are exposed.

B.1.D.6. The Bureau of Community Health Services should continue to promote programs which provide financial assistance for the training of health personnel in exchange for agreements to practice, and should promote increased use of National Health Service Corps staff in medically-underserved rural areas such as those in which migrant health clinics are usually found.

B.1.D.7. The Bureau of Community Health Services should provide training and technical assistance to Migrant Health program grantees in the development and utilization of alternative funding services.

B.2. State Level

B.2.A. System Coordination

B.2.A.1. States with known migrant populations should have offices for the coordination of programs serving their needs. Such offices should convene the heads of all state programs providing services to migrants as

a programmatic advisory panel. A corresponding panel representing all local projects receiving funds to serve farmworkers in the state should be established as a service providers advisory panel. The state of California is currently establishing such an office. This office should have authority to approve coordination and policy for the state as carried out by the state programs serving migrants, and should also maintain liaison with the Federal Regional Council Task Force on Migrant Farmworkers and engage in necessary factfinding research concerning the conditions among migrant farmworkers in the state. Please also see Recommendation A.1.B.6.

B.2.B. Social Services

B.2.B.1. State designated Title XX Social Services agencies should allocate a portion of their state administration funds for the provision of training and technical assistance to local nonprofit groups wishing to operate services fundable under Title XX, such as child care and foster care. This local assistance share should support start-up loans and planning grants because many small rural organizations which currently could provide service must first obtain facilities. Please also see Recommendation B.1.B.1.

B.2.B.2. All states should implement procedures under Title XX for emergency care of dependent children to be arranged other than through law-enforcement agencies. Hotlines, programs for social services workers on rotating 24-hours call, and agreements with local private day care and foster care facilities to provide emergency shelter care should be arranged so that emergency needs will be met without utilization of police facilities. Police escort may still be necessary during intervention, but case disposition should be a social service function.

B.2.B.3. All Title XX-funded agencies operating in counties having known migrant populations must indicate in their local or regional Title XX Needs Assessments and Services Plans that arrangements have been made to allow for caseworker outreach to migrant camps. This should include logistical and transportation arrangements for periodic visits to the camps in the evenings and on weekends, which are often the only times the families are in the camps and their social services needs can be addressed. The plans may also include arrangements with other agencies for regular one-stop multiple service facilities to be established and

staffed at the beginning of the season and regularly thereafter, whereby migrant families can deal with representatives of several different agencies in one facility and comprehensively obtain all needed services. Please also see Recommendations B.3.A.1. and C.2.A.1.

B.2.C. Child Care

B.2.C.1. In areas where community-based short-term migrant day care programs are needed, the appropriate state social services agency should formalize a program for identifying potential sponsors, contacting them in advance of the farmwork season, arranging for funding and licensure, and providing technical assistance in program development, as needed.

B.2.C.2. State social services agencies should coordinate with state-level offices operating the WIC and EPSDT programs to arrange for short-term migrant day care centers to benefit from these programs. Failure to provide program support has limited the number of migrant child care facilities severely. Please also see Recommendations B.1.B.1. and B.2.B.1.

B.2.D. Education

B.2.D.1. State education agencies should incorporate the training of school guidance counselors, located at schools participating in the Title I Migrant Education program, into their state and local program plans. Career education counseling should be emphasized, so that school administrators become attuned to the special needs, characteristics, potentials of farmworker youth, and assist them in developing career plans and making knowledgeable choices concerning future occupations. Parent training and counseling should be made available for the same purposes. Please also see Recommendations B.1.C.5. and B.1.C.6.

B.2.D.2. The Title I Migrant Education program should continue to support SEA emphasis on the need to provide teacher training in the teaching of migrants. Such training should extend to teacher's aides and other teachers-in-training, and should impact on an entire school faculty, not merely on those persons teaching migrants, as the presence of migrants may affect the entire school atmosphere and should be understood and appropriately utilized.

B.2.E. Health

B.2.E.1. Migrant clinics should provide relevant health education, increased outreach and transportation, and coordination of WIC and EPSDT/CHAP programs to ensure that migrant women and their infants receive needed perinatal care. Coordination with Title I Migrant education projects should be undertaken to facilitate implementation of comprehensive in-camp education programs in parenting, health education, basic adult education, and vocational options. Please also see Recommendation A.1.C.1.

B.3. Local Level

B.3.A. Social Services

B.3.A.1. Grantees of federal programs serving migrants and other local agencies should coordinate outreach to ensure respect for the privacy of the migrant family. Please also see Recommendations A.1.A.5., A.1.A.7., and B.2.B.3.

B.3.A.2. Public Social Service agencies in counties having known migrant populations should be able to provide to migrants, on an emergency basis, blankets, clothing, funds to purchase gasoline, and food, as well as being able to refer them to other organizations able to provide emergency help.

B.3.B. Health

B.3.B.1. All migrant health clinics and public health clinics should have outreach to migrant camps and provide transportation. Hours of operation should include evenings and weekends. The Migrant Health program should develop grantee guidelines for reduction of services when funding cutbacks occur so that all transportation and outreach services are not eliminated completely before other components are reduced. Where these services already have been eliminated, steps should be taken to reinstate them.

C. PROGRAMMATIC RECOMMENDATIONS

C.1. Federal Level

C.1.A. Social Services

C.1.A.1. The Food Stamps program should continue to develop procedures for making food stamps more accessible for migrants. Federal regulations should be developed to permit campsites and campfires to be approved as fixed addresses and cooking facilities. Provisions should be made through local social service offices to ensure that migrants can benefit from the program even when they live in a camp with communal cooking facilities. Policing to ensure that crew leaders are not confiscating the stamps fraudulently or financially exploiting crew members by charging exorbitant prices for meals. Food Stamp program providers should coordinate with local WIC programs and local agricultural extension nutritional education programs which service the camps, to provide for the nutritional well-being of migrant children and their families.

C.1.A.2. County social services organizations in the counties where federally-funded programs serve migrant farmworkers should be required by Food Stamps program regulations to utilize these organizations to assist in the distribution of applications for the program, verification of documentation presented in support of applications, as needed, and prompt submission to the social services agency for approval and granting of assistance. Such agencies should be grantees of the social services agency for the provision of emergency food vouchers. There should be more effective local use of the Food Stamps outreach program. Farmworker organizations should receive additional funds to identify families in the migrant community who need but do not receive food stamps. Please also see Recommendation A.1.A.7.

C.1.B. Education

C.1.B.1. So that children are not left unsupervised in the migrant camps, the Title I Migrant Education program should provide extended day care for migrant children before and after school hours

when needed due to the differences between hours of school operation and hours parents must be in the fields at work.

C.1.B.2. The national office of the Title I Migrant Education program should encourage SEAs to develop statewide first-option contracts with migrant clinics for all LEA project health components.

C.1.B.3. There should be satisfactory improvement in the Migrant Student Record Transfer System in two years, as determined by objective evaluation, or it should be discontinued and the funds used to improve supportive services for Title I Migrant Education projects. (A benefits assessment was conducted in 1975, but a full evaluation of the program has not been undertaken since its inception.)

C.1.B.4. Current efforts to revise the MSRTS forms to list educational skills by criteria in the form of educational objectives and standardized measures of achievement should be continued and an improved form agreed upon and implemented.

C.1.B.5. Parents' access to their children's MSRTS records should be ensured, while preserving the confidentiality of the records system.

C.1.B.6. Title I Migrant Education summer programs should be permitted to provide funds for contingencies that would be routinely taken care of by the school's normal resources during the school year. Summer projects now cannot obtain services to meet these needs without added cost. A recent situation involving a child in need of advanced psychological testing could not be handled locally; an emergency grant from IMPD was necessary. Contingency funds would have permitted immediate attention.

C.1.B.7. Day care centers that are eligible to receive MSRTS service should not receive lowest priority in obtaining records, as is often the case at present. A subsystem, a parallel system, or an enlarged basic network of terminals should be implemented.

C.1.B.8. The Migrant Student Record Transfer System currently identifies students who may not be enrolled in schools; home base state directors are informed. A similar technique could examine records for time gaps between entries and indicate enrollment in which student records

were not requested from or added to the system. It could also indicate that children were not enrolled in Title I Migrant Education programs or were out of school during those periods of time. If SEAs were apprised monthly of areas where possible nonenrollments were prevalent, based on presumed line of migration between schools where enrollment was recorded, they could investigate and provide assistance locally for improved enrollment recording, outreach, and recruitment. This would improve the effectiveness of MSRTS and increase the state funding base as well.

C.1.B.9. National and state offices of the Title I Migrant Education program should emphasize bilingual education, especially at the early elementary level, as an important component of programs in LEAs serving migrants of limited English-speaking ability.

C.1.B.10. State Education Agencies should urge LEAs operating Title I Migrant Education projects to participate in the School Breakfast and School Lunch Programs sponsored by the Department of Agriculture. At present, many projects benefit from these programs, but some projects provide only lunch.

C.1.B.11. SEAs in all states receiving Title I Migrant Education program funds should assess the ability of their migrant offices to coordinate migrant program objectives with other objectives in their agencies, specifically compensatory education and the overall state educational objectives. These migrant offices should support and attempt to replicate successful models for improving interstate-level coordination now being developed by the Education Commission of the States under its Interstate Migrant Education Project.

C.1.C. Health

C.1.C.1. Health and nutrition education components should be part of the programs of migrant health clinics. This can be done through showing films and holding discussions in waiting rooms at the clinics. Outreach workers should be trained also to identify and address home situations needing follow-up, and, where possible, comprehensive programs using mobile classrooms and trained aides should be implemented.

C.1.C.2. The Migrant Hospitalization program should be expanded until a suitable alternative nationwide migrant health insurance program or a comprehensive or national health insurance program has been implemented. At present, this program is limited, and even in concert with other experimental health coverage programs, no method of providing migrants with coverage in the event of hospitalization exists comprehensively.

C.1.C.3. Child care centers serving migrants, and funded by federal or state programs for that purpose, should be required to arrange for health care for their children through available migrant health clinics before turning to other potential sources. The Migrant Health program office should be involved in facilitating such linkages and should develop regulations to do so.

C.2. State Level

C.2.A. Social Services

C.2.A.1. In counties having known migrant populations, Needs Assessments prepared in the Title XX planning process should include such information as the identification of local migrant working hours and whether local social services program intake accommodates the assessment of the need for migrant child care, condition of local migrant housing and environs, and steps taken to provide protective services outreach to this population. Please also see Recommendations B.2.B.3. and C.3.A.1.

C.2.B. Education

C.2.B.1. The Title I Migrant Education program at national, state, and local levels should work to ensure that outreach, identification and recruitment workers on all Title I Migrant Education projects are cognizant of all other service programs for migrant families in their vicinity, and can provide information when needed. Such information should include, in addition to the name and location of the provider, necessary instruction regarding procedures and forms required, hours of operation, and potential obstacles to eligibility. Please also see Recommendations A.1.A.7. and B.3.A.1. This outreach should be coordinated with comprehensive in-camp services programs for family education and counseling. Please also see Recommendation B.2.E.1.

C.3. Local Level

C.3.A. Social Services

C.3.A.1. In counties having known migrant populations, the county social services agency, as indicated in its Title XX Social Services Plan, should make available to all local programs serving migrants the names of caseworkers responsible for protective services case disposition, should such cases arise in migrant camps. Caseworkers should participate with the migrant organizations in conferences concerning the characteristics of migrant families and appropriate techniques for performing protective services. Please also see Recommendations A.1.A.7., B.2.B.2., and C.2.A.1.

C.3.B. Health

C.3.B.1. When assisting migrant clients, intake staff at public and migrant health clinics should consider environmental circumstances, such as limited availability of refrigeration, overcrowded housing, pesticide storage and usage dangers, and general migrant camp health and safety hazards, so that opportunities for preventive health care, education, and proper identification of personal health symptoms not common in the local resident community are maximized.

C.3.B.2. In counties having known migrant populations, public health clinics should attempt to provide on their intake staff personnel of the same cultural and linguistic backgrounds as the migrant clients.

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